APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of birth, death, or marriage records. All others will be issued **Certified Informational Copies** marked with the legend, **"Informational, Not A Valid Document to Establish Identity."**
Please indicate the type of certified copy you are requesting:

☐ I would like a **Certified Copy.** This copy will establish the identity of the registrant. (To receive a Certified Copy you **MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT** by selecting from the list below **AND COMPLETE THE ATTACHED SWORN STATEMENT** declaring that you are eligible to receive the Certified Copy. The Sworn Statement **MUST BE NOTARIZED** if the application is submitted by mail **unless you are a law enforcement or local or State governmental agency**.)

☐ I would like a **Certified Informational Copy.** This document will be printed with a legend on the face of the document that states, **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."**

(A Sworn Statement does not need to be provided.)

Fee: **$21 per copy** (payable to Shasta County Recorder). **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH**
(Shasta County cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend and redaction of signatures and Social Security Numbers, the documents contain the same information.

To receive a **Certified Copy** I am:

☐ A parent or legal guardian of the registrant (person listed on the certificate) **(legal guardian must provide documentation).**

☐ A party entitled to receive the record as a result of a court order **(please include a copy of the court order).**

☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. **(Companies representing a government agency must provide authorization from the government agency.)**

☐ A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.

☐ An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on Behalf of the registrant or the registrant's estate**. (If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)**

☐ Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE) Today's Date:

Agency Name (if appropriate)		Agency Case No.	Purpose of Request
Print Name of Applicant		Signature of Applicant	
Mailing Address – Number, Street		Amount Enclosed – **DO NOT SEND CASH** **$**_____Check $_____Money Order	Number of Copies
City		Name of Person Receiving Copies, if Different from Applicant	
State/Province	ZIP Code	Mailing Address for Copies, if Different from Applicant	
Daytime Telephone (include area code) ( )	Country	City	State / ZIP Code

DECEDENT INFORMATION (PLEASE PRINT OR TYPE)

DECEDENT FIRST Name	**MIDDLE** Name	**LAST** Name	Sex ____Female ____Male
City of Death (must be in California)	County of Death	Date of Birth – MM/DD/CCYY	State of Birth
Date of Death – MM/DD/CCYY (Or Period of Years to be searched)		Social Security Number	
Mother/Parent BIRTH (MAIDEN) Name – (First, Middle, Last)		Name of Spouse/Domestic Partner of Decedent (First, Middle, Last)	

DEATH

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
(**Applicant's** Printed Name)

that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

(The remaining information must be completed in the presence of a Notary Public or Shasta County Recorder staff.)

Subscribed to this _____ day of _____, 20___, at _____, _____.
(Day) (Month) (City) (State)

_____
(**Applicant's** Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)

County of _____)

On _____ before me, _____, personally appeared _____,
(Insert name and title of the officer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
(SEAL)

_____
SIGNATURE OF NOTARY PUBLIC

INFORMATION:

Death records have been maintained in the California Department of Public Health Vital Records since July 1, 1905.
The name required on Vital Records (see Items 1C, 6C, 7C, 9C, and 12C) is the name given at birth, or a name received through adoption, court-ordered name change, or naturalization. AKA's (Also Known As) and assumed names cannot be entered as the legal name on the death record.

INSTRUCTIONS:

1. As of July 1, 2003, **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Death Record. (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."

2. Complete a separate application for each death record requested.

3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Decedent Information** section, provide all the information you have available to identify the death record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.

4. **SWORN STATEMENT:**

   - The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the death record, and identify their relationship to the registrant (person listed on the certificate) – the relationship must be one of those identified on Page 1. **PLEASE NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose certificate you wish to obtain and your relationship to that individual.**
   - If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
   - If the application is being submitted in person, the Sworn Statement **must be signed in person at the counter and does not have to be notarized.**
   - You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the death record.

5. Submit $21 for **each** copy requested. If no death record is found, the $21 fee will be retained for searching for the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to **Shasta County Recorder**. ***PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH (SHASTA COUNTY CANNOT BE HELD RESPONSIBLE FOR FEES PAID IN CASH THAT ARE LOST, MISDIRECTED, OR UNDELIVERED).*** Mail completed application with the fee(s) to the Shasta County Recorder at the address below. Requests can also be emailed to **vitalrequest@co.shasta.ca.us** or faxed to **(530) 225-5678** when paying by credit card.
6. **Mailing Completed Certificates:** completed certificates are mailed using the U.S. Postal Service.

Shasta County Recorder
1450 Court Street, Suite 208
Redding, CA 96001-1670
vitalrequest@co.shasta.ca.us
(530) 225-5678
FAX (530) 225-5152

DEATH